## COLORADO DEPARTMENT OF HEALTH

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

I. NON-REGULATED STATUS
Complete this section only if you did not generate regulated  1 Non-handler quantities of hazardous waste at any time during the 1983  2 Small Quantity Generator
calendar year. Circle the one code at right that best describes
your status during the entire year (see instructions for KECEIVED 4 Exempt explanation of codes).
Closed
Please print type with painte type 172 charactes  Non-Regulated Status is Expected to Apply:
II. GENERATOR'S EPA I.D. NUMBER
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CIOIDIOI41514101617141/
MAIQIAGNAUS ON KASES SE
III. NAME OF INSTALLATION
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IV. INSTALLATION MAILING ADDRESS
6060 WEST BRITST
15 16 45
Street or P.O. Box
15.16. HNT 1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City or Town State Zip Code
V. LOCATION OF INSTALLATION (if different than section IV above)
# 431515 IKIEIAIRINIEIYI ISTIRIEIEITI I I I I I I I I I I I I I I I I
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SABISIST KIEIAIRINIEIYI ISTIRIEIEIT  15 16 Street or Route number  15 DEINIVIEIR  15 16 City or Town  VI. INSTALLATION CONTACT  15 16 Name (last and first)
Street or Route number    Street or Route number   COBOBILITIES     Street or Route number   COBOBILITIES     State   Zip Code
Street or Route number    Street or Route number   CO 80 21/17    15 16   141 42 47   51   City or Town   State Zip Code    VI. INSTALLATION CONTACT   45   45   45   45   45   45   45   4
Street or Route number    Street or Route number   CO 80 21/17    15 16   141 42 47   51   City or Town   State Zip Code    VI. INSTALLATION CONTACT   45   45   45   45   45   45   45   4
Street or Route number    Street or Route number   CO 80 21/17    15 16   141 42 47   51   City or Town   State Zip Code    VI. INSTALLATION CONTACT   45   45   45   45   45   45   45   4
Street or Route number    Street or Route number   CO 80 21/17    15 16   141 42 47   51   City or Town   State Zip Code    VI. INSTALLATION CONTACT   45   45   45   45   45   45   45   4
STREET OF ROUTE NUMBER  Street or Route number  DEINIVER  15 16  City or Town  State Zip Code  VI. INSTALLATION CONTACT  Name (last and first)  31 131—1613 151—1513 1613 155  Phone No. (area code & no.)  VII. CERTIFICATION  1 certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. This CERTIFICATION Is MADE ON BEHALF OF

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quantities of hazardous waste at any time during the 1983  calendar year. Circle the one code at right that best describes  your status during the entire year (see instructions for RECORD 4 Exempt
your status during the entire year (see instructions for KECEIVED 5 Beneficial Use
2 J Deliviolati CSC
MAR 3 1986
Heave principle with efficience receiped actions per many series. This Installation's Non-Regulated Status is Expected to Apply:
II. GENERATOR'S EPA I.D. NUMBER
T/A C
CODIOI4 5 4 0 6 7 4 /11
1 2 13 14 15
III. NAME OF INSTALLATION
GIMI INIHISIEI IEI IDIISITI IDIIVI IIIIIIIIIIIIIIIIIIIIIIIIIIIII
30 69
IV. INSTALLATION MAILING ADDRESS
6060 WEST BRITSTON ROLAID IIIII
15 16 Street or P.O. Box
TAFILINITILILILILILILILILILILILILILILILILIL
15_16 41 42 47 51
City or Town State Zip Code
A LOCATION OF INSTALL ATION (IS different about a refer IV - E-m.)
V. LOCATION OF INSTALLATION (if different than section IV above)
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